

Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License

FORM 2*

Disclosure of Owners, Investors, Managers and Controlling Parties

Part I: Ownership Structure




List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

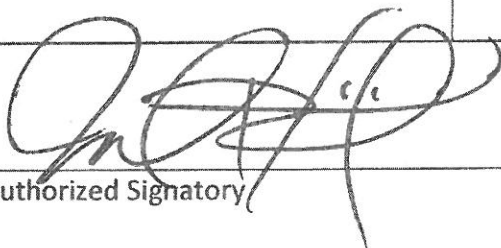
Name MICHAEL CHESTER RATKIEWICZ	Title Mr.	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Newport	State RI	ZIP 02840	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) [REDACTED]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name KATHLEEN AMY RATKIEWICZ	Title Ms.	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address [REDACTED]	City Newport	State RI	ZIP 02840	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) [REDACTED]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name KATHERINE SOKOL RATKIEWICZ	Title Mrs.	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address [REDACTED]	City Newport	State RI	ZIP 02840	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) [REDACTED]	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
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Name		Title	SSN/FEIN		DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number ()	
Business Associated with (Parent business or sub-entity)			Own. % Business Associated with		Effective Own. % in Applicant	

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
TIMOTHY JOSEPH RATKIEWICZ			
EILEEN JOHNSON RATKIEWICZ			
KATHLEEN AMY RATKIEWICZ			



 Authorized Signatory

3/25/2017

 Date

MICHAEL C. RATKIEWICZ

 Printed Name